

Case Number:	CM14-0090524		
Date Assigned:	07/23/2014	Date of Injury:	02/28/2000
Decision Date:	10/01/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62 year old male who was injured on 2/28/2000. The diagnoses are chronic right knee pain and status post knee replacement. The patient had completed chiropractic treatments and 12PT in May, 2014. On 5/28/2014, [REDACTED] discharged patient from PT due to resolution of right knee complaints. The patient was noted to have complete range of motion of the right knee on 4/21/2014. On 5/14/2014, [REDACTED] noted subjective complaints of 5/10 pain score. It was noted that the pain was well controlled with improved sleep with the use of the medications. The patient is utilizing Oxycontin for pain. A Utilization Review determination was rendered on 5/23/2014 recommending non certification for Follow-Up with [REDACTED] for right knee evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Follow Up Visit Follow-up Visit with [REDACTED], regarding the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89.

Decision rationale: The CA MTUS and the ODG recommend that patients can be referred for specialist evaluation when the diagnosis is uncertain or extremely complex or when the course of

care may benefit from additional expertise. The records indicate that the patient had a successful right knee replacement surgery. It was noted that the knee had a full range of motion on 5/18/2014. There were no new complaints. The residual pain was said to be well controlled with pain medications. No new injury or aggravating incidence was reported. The criterion for a Follow-Up Visit with [REDACTED] for re-evaluation of right knee evaluation is not medically necessary.